

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 7-26-01 through 10-9-01.
- b. The request was received on 4-8-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC 66's
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. TWCC 66's
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-27-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-7-02. The response from the insurance carrier was received in the Division on 7-16-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-13-02.

"This dispute has been filed based on fee reimbursement. (Claimant) has chosen (Provider) under contract as his pharmaceutical service. Average wholesale prices are determined monthly by Medispan and we computed fair and reasonable fees for the medications prescribed per TWCC Pharmaceutical Fee Guidelines."

2. Respondent: Letter dated 7-16-02.
Carrier contends that Provider is not entitled to additional reimbursement for Ultram, Alprazolam, and Xanax provided on dates of service 7/26/01 to 10/09/01. These medications were already reimbursed at the correct rate according to the fee computation guidelines stated in paragraph II and the fee computation formulas set out in paragraph II. A. of the *Pharmaceutical Fee Guideline*.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 7-26-01 through 10-9-01.
2. The carrier denied the billed services as reflected on the EOBs as “X – Non-Medispan Item; I – Drug was inactive on date dispensed”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
07-26-01	Ultram 50 mg	\$115.51	\$110.31	Cannot determine how these medications were denied	No Mar	TWCC Rule 133.304 (c)	<p>The EOBs reviewed did not show a denial code for each item. The above referenced “X” and “I” denial codes were referenced at the end of the EOBs. The medications were listed on the EOBs, but no denial codes was noted beside the drug to identify what the carrier was using as the basis of their reduction.</p> <p>Therefore, TWCC Rule 13.304 (c) states, “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s actions(s). A generic statement that simply states a conclusion such as “not sufficiently documented” or other similar phrases with no further description for the reason for the reduction or denial of payment does not satisfy the requirements of this section.”</p> <p>The Carrier has failed to provide sufficient explanation of their denial as required by Rule 133.304 (c). Therefore, additional reimbursement is recommended in the amount of \$26.98. (Billed \$625.56 - \$598.58 already paid = \$26.98.)</p>
08-21-01	Alprazolam 1mg	\$ 88.99	\$ 87.29				
08-21-01	Ultram 50 mg	\$ 73.69	\$ 70.44				
09-24-01	Xanax 1 mg	\$110.77	\$104.73				
09-26-01	Ultram 50 mg	\$ 73.69	\$ 70.44				
09-12-01	Ultram 50 mg	\$115.50	\$110.31				
10-09-01	Alprazolam 1 mg	\$ 47.41	\$ 45.06				
Totals		\$625.56	\$598.58				The Requestor is entitled to reimbursement in the amount of \$26.98 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$26.98** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 27th day of February 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll